



# **What's Next?**

## **The Affordable Care Act and the Ryan White HIV/AIDS Program in a Post -Enrollment Environment**

**Health Resources and Services Administration  
Centers for Medicare and Medicaid Services**

**April 17, 2014**



# Purpose of Webcast



- Educate Ryan White HIV/AIDS Program (RWHAP) grantees of post-Affordable Care Act enrollment activity and opportunities
- Share resources to increase knowledge on insurance enrollment support and assistance moving towards 2015 enrollment period
- Share success stories from several Ryan White HIV/AIDS Program grantees
- Explain RWHAP cost-effectiveness analysis requirement
- Conduct a brief Q&A session



# ACA Accomplishments and Future Goals



## Accomplishments

- 7.5 million enrolled in health plans through the Affordable Care Act during enrollment period
- 3 million new Medicaid enrollees during enrollment period
- 68 million people are now enrolled in Medicaid (total)

## Goals for Grantees

- Use RWHAP funds efficiently to meet the needs of people living with HIV/AIDS
- Educate clients on the importance of enrolling in coverage
- Evaluate best practices and plan for future enrollment periods
- Enroll all eligible clients into Medicaid or qualified health plans in the Marketplace



# Ryan White HIV/AIDS Program: Still the Payer of Last Resort



- Grantees and their subgrantees are expected to **vigorously pursue** enrollment in other funding sources (e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS programs, employer-sponsored health insurance coverage, and other private health insurance) to extend finite RWHAP grant resources to new clients and/or needed services
- RWHAP funds may also be used to cover the cost of premiums, deductibles, and co-payments for Medicaid and private health insurance, if cost-effective and in accordance with RWHAP policy (See PCN 13-05 and 13-06 *at* HAB's Affordable Care Act website at <http://hab.hrsa.gov/affordablecareact/>)



# Outreach and Enrollment



# Outreach & Enrollment is NOT Over



2014 open enrollment period ended on March 31, 2014,  
but:

- Clients can apply for and enroll in Medicaid or CHIP at any time (**no deadline**);
- Some clients may qualify for a special enrollment period that will allow them to enroll in a qualified health plan or change plans outside of open enrollment; and
- The next open enrollment period (2015 plan year) is around the corner: November 15, 2014 – February 15, 2015.

# Consumers “In Line” will be able to Complete Enrollment

- **Open enrollment ended March 31**
- **However, if a consumer is “in line” (i.e., tried to enroll through the website, FFM Call Center, or a state Medicaid or CHIP agency, but did not complete the process) by the March 31 enrollment deadline for coverage in 2014, they will have a chance to complete their enrollment.**
- **This is not an extension of open enrollment.**

# Helping Consumers with Complex Cases Enroll in the Health Insurance Marketplace



***March 28, 2014***



# What is a Limited Circumstance Special Enrollment Period (SEP)?

If a consumer has a **qualifying life event**, they may be eligible to receive a special enrollment period that would allow them to enroll or change coverage outside of open enrollment.

**The majority of this presentation will cover other limited circumstances beyond qualifying life events that may make a consumer eligible for an SEP.**

These SEPs are limited to circumstances in which consumers were blocked from enrolling in coverage. Consumers in these circumstances may be eligible for an SEP.

# Qualifying Life Event Special Enrollment Periods

- If a consumer has a **qualifying life event (i.e., losing minimum essential coverage, having a baby, adoption, foster care, or getting married)**, they may be eligible to receive an SEP to enroll or change coverage outside of open enrollment.
  - Activate through HealthCare.gov or through the Call Center.
  - Visit [www.healthcare.gov/how-can-i-get-coverage-outside-of-open-enrollment](http://www.healthcare.gov/how-can-i-get-coverage-outside-of-open-enrollment) to learn more about these qualifying life events.

# Limited Circumstance SEP Categories

Circumstances that may allow a Limited Circumstance SEP include:

- Enrollment errors
- Exceptional circumstances
- Misinformation, misrepresentation, or inaction
- Specific system issues
- Survivors of domestic abuse

# Examples of Enrollment Error SEPs

- Consumer enrolled through the Marketplace but the insurance company didn't get their information due to technical issues
- Consumer's information is received by the insurance company and may be processed, but the enrollment file contains defective or missing data (insurance company unable to enroll the consumer)
- Consumer's enrollment may have been rejected by the insurance company's system (errors in reading data)

# Examples of Exceptional Circumstance SEPs

- Consumer experienced a serious medical condition (e.g., unexpected hospitalization, temporary cognitive disability)
- Consumer prevented from enrolling because of a natural disaster (e.g., earthquake, massive flooding, hurricane)
- Consumer couldn't enroll because of a planned system outage around plan selection deadlines (e.g., Social Security Administration outage)

# Examples of Misinformation, Misrepresentation or Inaction SEPs

Misconduct by individuals or entities providing formal enrollment assistance\* that resulted in one of the following:

- Failure to enroll the consumer in a plan
- Consumer enrolled in wrong plan against their wish
- Consumer was eligible but did not receive Advanced Payments of the Premium Tax Credit (APTC) or Cost-sharing Reductions

\* Including: Insurance company, Navigator, Certified Application Counselor (CAC), Call Center representative, or agent or broker

# Types of System Issue SEPs

- System errors related to immigration status
- Plan display errors on HealthCare.gov
- Application transfer issues between Medicaid/CHIP and the Marketplace
- Error messages
- Unresolved casework issues
- Other system issues

# Examples of System Issue SEPs

1. **Errors related to Immigration status:** An error in the application submitted by immigrants caused the consumer to get an incorrect eligibility result (for example, immigrant with income <100% FPL in non- Medicaid expansion state).
2. **Display errors on HealthCare.gov:** Plan Data display errors (premiums, benefits, co-pay/deductibles, service area).
3. **Medicaid/CHIP transfer:** Consumers who were found ineligible for Medicaid or CHIP and their applications weren't transferred between the State Medicaid/CHIP agency and the Marketplace in time for the consumer to enroll in a plan during open enrollment.



# Examples of System Issue SEP (Continued)

4. **Error messages:** A consumer is not able to complete enrollment due to error messages (for example, error or box screen indicating that the data sources were down and they could not proceed with enrollment).
5. **Unresolved casework:** A consumer is working with a caseworker on an enrollment issue that is not resolved prior to March 31.
6. **Other system errors,** as determined by CMS, which hindered enrollment completion.

# SEP for Survivors of Domestic Abuse

A consumer who is married but living apart from his or her spouse and is a victim of domestic abuse can obtain APTC and CSRs -- as long as they are otherwise eligible. Due to system limitations, consumers in this unique circumstance must indicate on the Marketplace application that they are not married.

- If:
  1. Consumer is married, a victim of domestic abuse, and living apart from spouse; **AND**
  2. Unable to file a joint tax return with spouse (for example, it could be dangerous for the individual to contact the other spouse).
- Then:
  - **If applying before end of open enrollment on March 31**, the consumer should start an application and indicate that they are not married on the application; **OR**
  - **If applying after open enrollment**, the consumer should call the Call Center to explain the situation and activate the SEP (see steps on next slide). Consumer should indicate that they are not married on the application.

# Limited Circumstance SEP Process

**Step 1:** Consumer calls the Marketplace Call Center (1-800-318-2596 ; TTY 1-855-889-4325) and requests an SEP.

**Step 2:** Call Center will ask the consumer a variety of questions to help understand if the consumer is eligible for an SEP.

The Call Center will forward cases that need additional review to CMS caseworkers.

**Step 3:** If an SEP is granted, Call Center activates the SEP and allows the consumer to complete the enrollment. (If approved from a caseworker, the consumer will have to call the Call Center to “activate” the SEP.)

**Step 4:** Consumer enrolls online or through the Call Center.

**Step 5:** If the SEP is denied, the consumer can appeal the decision.

# Limited Circumstance SEPs: Identifying Eligible Consumers and Enrollment

**In general, a consumer who wants a Limited Circumstance SEP must call the Call Center.**

Note: In the case of system defects, the consumer and assister should monitor that the system defect is fixed by **continuing to try to reprocess the application. Once the defect is fixed, the consumer or assister should contact the Call Center to activate the SEP.**

There are some circumstances in which **the Marketplace, insurance company, or state Medicaid or CHIP agency may be able to identify some consumers** who are eligible for a Limited Circumstance SEP. In these cases, the consumer will be contacted. These consumers should then call the Call Center to activate the SEP.

# Plan Selection “Triggers” for Limited Circumstance SEPs

After following the guidelines for issuing an SEP described on previous slides, in most cases, consumers will have **60 days to select a plan from the date they are granted the SEP**, which could be one of the following “triggering events”:

1. The **date that the consumer receives a letter** informing them that they are eligible for an SEP;
2. The **date that the consumer contacts the Call Center and is found eligible** for an SEP; OR
3. The **date that the caseworker finds an individual eligible** for an SEP.

# Limited Circumstance SEP Effective Dates

- Coverage effective dates will generally follow the regular effective dates.

# Requesting a Limited Circumstance SEP through State-Based Marketplaces

**If a consumer is enrolling through their state's Marketplace and wants to request an SEP, the consumer should contact that State-based Marketplace.**

**Visit [HealthCare.gov/how-can-i-get-consumer-help-if-i-have-insurance](https://www.healthcare.gov/how-can-i-get-consumer-help-if-i-have-insurance) to get information for State-based Marketplaces.**

# Consumer Options Following Denial of a Limited Circumstance SEP

- Right to Appeal: A consumer has 90 days to request an appeal with the Marketplace from the date their SEP request is denied or 90 days from the date of the eligibility determination.
- How to file an appeal:
  - Visit [HealthCare.gov/can-i-appeal-a-marketplace-decision/](https://www.healthcare.gov/can-i-appeal-a-marketplace-decision/) to find and complete the appeal request form for the consumer's state.
  - Mail appeal documents to:  
Health Insurance Marketplace  
465 Industrial Blvd.  
London, KY 40750-0061



# Qualifying Life Event Special Enrollment Periods

- If a consumer has a **qualifying life event (i.e., losing minimum essential coverage, having a baby, adoption, foster care, or getting married)**, they may be eligible to receive an SEP to enroll or change coverage outside of open enrollment.
  - Activate through HealthCare.gov or through the Call Center.
  - Visit [www.healthcare.gov/how-can-i-get-coverage-outside-of-open-enrollment](http://www.healthcare.gov/how-can-i-get-coverage-outside-of-open-enrollment) to learn more about these qualifying life events.

# Reminders and Tips

- After open enrollment and once the “in line” SEP concludes, consumers will be able to begin a Marketplace application online, however they will not be able to select a plan.
  - To select a plan and complete enrollment after open enrollment, a consumer must receive an SEP. Consumers may always enroll in Medicaid or CHIP if they are determined eligible.
- For Limited Circumstance SEPs, the Call Center must activate the SEP.
  - Consumers will then be able to complete enrollment through the Call Center or on HealthCare.gov.
- Qualifying life event SEPs are activated through the “change in circumstance” functionality online or through the Call Center.

# Reminders and Tips (Continued)

- When calling the Call Center to request an SEP, the Call Center will ask the consumer questions to help understand if the consumer is eligible for an SEP.
- For issues related to system defects, consumers and assisters will need to monitor to see if the defect is fixed.
  - Consumers and assisters should continue to attempt to reprocess the application.
  - Call the Call Center.
  - Once the defect is fixed, the consumer will have 60 days to enroll.

# Reminders and Tips (Continued)

- If a consumer has already enrolled in coverage and then receives a Limited Circumstance SEP, they have the option to change plans or stay in their current plan, depending on what is offered to them on the Marketplace.
- A consumer who is married but living apart from his or her spouse and is a victim of domestic abuse, can obtain APTC and CSRs -- as long as they are otherwise eligible.
  - Due to system limitations, consumers in this unique circumstance must indicate on the Marketplace application that they are not married.

# Appendix: Special Enrollment Period due to Qualifying Life Event

HealthCare.gov Learn **Get Insurance** Susan | Logout Español

✓ Application ✓ Eligibility Results **Enroll** ? HELP

## Enroll To-Do List

**You're not enrolled yet.**

You must complete each step in order to enroll. Work at your own pace. You can come back to complete these tasks later.

You're eligible for a Special Enrollment Period (SEP). You need to complete the tasks below before your SEP ends to get coverage. You can find your SEP dates in your "Eligibility Results."

Complete each unlocked task below. Once you've finished, select "Review & Confirm."

If you received a notice for a hardship exemption that may qualify you for Catastrophic coverage, please report this exemption(s) before you continue. This allows you to shop for Catastrophic health plans for the people who qualify. [Report an exemption](#)

### Choosing a Health Plan

Set premium tax credit usage (Susan)	<a href="#">? Explain this task</a>	SET
Answer questions about your household.	<a href="#">? Explain this task</a>	LOCKED
Select a health insurance plan 1	<a href="#">? Explain this task</a>	LOCKED

Consumers who apply for new coverage and have a qualifying life event that grants an SEP will see a reminder message on their Enroll To-Do List that they are eligible for a SEP.

# Appendix: Special Enrollment Period due to Change in Circumstance

HealthCare.gov Learn Get Insurance Susan Logout Español

Application Eligibility Results Enroll HELP

## Enroll To-Do List

**You're not enrolled yet.**

You must complete each step in order to enroll. Work at your own pace. You can come back to complete these tasks later.

You're eligible for a **Special Enrollment Period (SEP)**. You need to complete the tasks below before your SEP ends. You can find your SEP dates in your "Eligibility Results."

Complete each unlocked task below. You may need to update your tax credit usage, and you need to either enroll in your current plan or choose a new one. If you want to keep the plan you have now, you can select "My Plans & Programs" to get the name and plan ID. Once you've finished, select "Review & Confirm."

If you received a notice for a hardship exemption that may qualify you for Catastrophic coverage, please report this exemption(s) before you continue. This allows you to shop for Catastrophic health plans for the people who qualify. [Report an exemption](#)

### Choosing a Health Plan

Set premium tax credit usage (Susan)	<a href="#">? Explain this task</a>	SET
Answer questions about your household.	<a href="#">? Explain this task</a>	LOCKED
Select a health insurance plan 1	<a href="#">? Explain this task</a>	LOCKED

Consumers who are already enrolled & report a life change that grants them a SEP will see a reminder message on their Enroll To-Do List that they are eligible for a SEP.

They can choose to re-enroll in their current plan or choose a new plan during their SEP window.

Updates from their application will not take effect until the consumer completes the final "Review & Confirm" task on their Enroll To-Do List.

# Appendix: Reporting Life Changes with no SEP

HealthCare.gov Learn Get Insurance Susan Logout Español

Application Eligibility Results Enroll HELP

## Enroll To-Do List

**You're not enrolled yet.**

You must complete each step in order to enroll. Work at your own pace. You can come back to complete these tasks later.

You're not eligible for a Special Enrollment Period (SEP), so you'll stay enrolled in your current plan. You need to complete the tasks below, so we can send updates to your plan.

Complete each unlocked task below. You may need to update your tax credit usage. Once you've finished, select "Review & Confirm."

If you received a notice for a hardship exemption that may qualify you for Catastrophic coverage, please report this exemption(s) before you continue. This allows you to shop for Catastrophic health plans for the people who qualify. [Report an exemption](#)

### Choosing a Health Plan

Set premium tax credit usage (Susan)	<a href="#">? Explain this task</a>	SET
Answer questions about your household.	<a href="#">? Explain this task</a>	LOCKED
Select a health insurance plan 1	<a href="#">? Explain this task</a>	LOCKED

Consumers who are already enrolled & report life changes but are not eligible for a SEP will see a reminder message on their Enroll To-Do List.

Consumers who are eligible for APTC can update the amount they would like to use each month and can review any changes to their premium amount in their current plan based on their life changes.

Updates from their application will not be sent to their insurance plan until the consumer completes the final "Review & Confirm" task on their Enroll To-Do List. It's important consumers do this in a timely manner to make sure their enrollment information is up-to-date with their plan.



# Open Enrollment and Beyond

*The Role of Assisters After Open Enrollment*

*April 17, 2014*





# Post Open-Enrollment

- Following the end of open enrollment, in-person assisters, including Navigators and Certified Application Counselors (CACs), will continue many of their existing functions.

# Key Role in Three Areas

- 1. Enrollment Assistance:** continuing to assist eligible consumers in enrolling in coverage.
- 2. Post- Enrollment Assistance:** helping consumers with questions related to the utilization of their coverage.
- 3. Outreach and Education:** providing consumers with educational information about the Affordable Care Act (ACA) and health insurance.

# Enrollment Assistance

- Expect to assist individuals in several key groups that are able to enroll in coverage
  - Consumers eligible for a Special Enrollment Period (SEP);
  - Consumers eligible for Medicaid/CHIP;
  - American Indians/Alaskan Natives;
  - Consumers transitioning from PCIP; and
  - Small businesses wanting to enroll employees in SHOP (Navigators).

# Post- Enrollment Assistance

- Expect to continue and enhance efforts to help consumers navigate the health insurance and health care system.
- This includes helping consumers to
  - Understand and use their health care coverage;
  - Understand their rights as health care consumers;
  - Appeal eligibility and coverage decisions; and
  - Report a change in circumstance and navigate subsequent eligibility redeterminations.

# Outreach and Education

- Expect to continue to educate consumers about the benefits of the ACA in preparation for the 2015 Enrollment Cycle.
- This includes:
  - Building trust in your communities;
  - Building and strengthening community partnerships and local coalitions; and
  - Reflecting on what worked and what didn't work in 2014.

# Navigator and CAC program in 2015

Section 1311(i) of the Affordable Care Act requires each Marketplace to develop and implement Navigator grant programs.

45 CFR § 155.225(a) requires each Marketplace to have a certified application counselor program.

# Ongoing CMS Engagement and Support

- Assister Calls and Newsletter
- Assister Page on [Marketplace.cms.gov](https://marketplace.cms.gov)
- Navigator Project Officers
- Regional Office Staff

# Planned Technical Assistance Topics

Time Period	Topic
Early Spring	Role of Assisters post-Open Enrollment
Summer	Deep Dives on specific topics including special populations, SHOP, best practices, etc.
Early Fall	Planning for 2015 Open Enrollment
2015 Open Enrollment	Latest information and updates on issues affecting consumers



# Assister Feedback

- **Assister Calls and Newsletter**
  - What topics are most pertinent to you in the remaining two weeks of open enrollment?
  - What topics would you like us to cover after open enrollment?
- **CMS Assister Technical Assistance Efforts**
  - Are the calls and newsletter effective communication methods?
  - How would you like us to improve the calls and newsletters?
- Please send feedback to in an email with the subject line “Assister TA Feedback” to [CACQuestions@cms.hhs.gov](mailto:CACQuestions@cms.hhs.gov).



# RWHAP Grantee Outreach and Enrollment Planning



## Getting Ready for 2015

- Assess your outreach and enrollment efforts for 2014 open enrollment. What worked? What didn't?
- Develop an outreach plan for your organization for 2015
- Seek out best practices from neighboring clinics and national organizations that serve similar populations



# Affordable Care Act TA Center



# Affordable Care Enrollment (ACE) TA Center



- A needs assessment was conducted fall 2013 to determine grantee needs to facilitate outreach and enrollment assistance to minority clients seeking private insurance through the Marketplace
- Surveyed 231 Ryan White Part A, B, C, and D grantees
- About a third of respondents (31%) received resources other than RWHAP grant funds to support outreach and enrollment efforts
- Just over half of respondents (51%) reported that they have staff with outreach and enrollment certifications within their organizations



# ACE TA Center: Outreach and Enrollment Survey Key Findings



- While there were many similarities across grantees and providers (including across RWHAP Parts), challenges varied by:
  - Medicaid expansion status
  - Insurance exchange type
  - Enrollment capacity
- TA and training needs will be different for grantees and providers depending on these variations.



# ACE TA Center: Outreach and Enrollment Survey Key Findings #2



- Limited Knowledge and Experience
  - Many direct service providers faced general O&E challenges related to lack of knowledge of new coverage options
- Barriers to Care
  - RWHAP providers are working with minority clients who have historically faced barriers to accessing care and who may not be comfortable enrolling in new ACA coverage options
  - Clients are particularly concerned about plan affordability, as well as the possibility of needing to change providers
  - Both O&E capacity and cultural competency are critical to enrolling and retaining minority RWHAP clients in ACA coverage options



# ACE TA Center: Outreach and Enrollment Survey Key Findings #3



- Communication and Coordination
  - RWHAP grantees and providers want more local guidance about policies and best practices. Gaps in coordination may have implications for how clients experience care



# ACE TA Center: Assistance for Grantees



**Subscribe** to the ACE TA Center list for updates about strategies, tools and training, and to get a copy of the Needs Assessment report (anticipated release in early May):

<http://eepurl.com/JPUVj>

**Contact** the ACE TA Center with questions:

[acetacenter@jsi.com](mailto:acetacenter@jsi.com)

**Coming soon:** the ACE TA Center on the TARGET Center website will include new resources and existing tools that are tailored, adapted, and translated for RWHAP providers





# Role of RWHAP Grantees Post-Enrollment



# Role of HIV Providers Post-Enrollment



- ❑ **Assist clients in applying for and enrolling** in health care coverage
- ❑ **Educate patients** about what it means to have health insurance
  - Coverage to Care: <http://marketplace.cms.gov/help-us/c2c-roadmap.pdf>
- ❑ **Get “in-network”** with Qualified Health Plans and Medicaid Managed Care Organizations ASAP
  - TARGET Center Provider Network Resources: <https://careacttarget.org/library/contracting-health-plans-and-provider-networks>
  - “Answers About Health Plan Contracting” Webinar Archive: <http://www.fpntc.org/training-and-resources/webinar-recording-answers-about-health-plan-contracting>



# Essential Community Providers



- Ryan White HIV/AIDS Program Providers are Essential Community Providers (ECPs)
- Qualified Health Plans (QHPs) do **not** necessarily have to contract with all ECPs
  - In Federally-facilitated Marketplace: Issuer satisfies regulatory standard if it demonstrates that at least **30 percent** of available ECPs in each plan's service area participate in the provider network
  - Must also offer contracts in good faith to all available Indian health providers in the service area and at least one ECP in each ECP category in each county in the service area where available

(2015 Letter to Issuers <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2015-final-issuer-letter-3-14-2014.pdf>).



# Am I listed in the ECP database?



- Check the CMS ECP database (not yet updated for this year): <https://data.cms.gov/dataset/Non-Exhaustive-List-of-Essential-Community-Providers/ibqy-mswq>
- If you are not listed, remember that issuers will be permitted to write-in ECPs not on the CMS-developed list
- Questions about the database may be directed to [EssentialCommunityProviders@cms.hhs.gov](mailto:EssentialCommunityProviders@cms.hhs.gov).

# Q&A

Any questions?



For questions related to RW and the ACA, please email: [RWP-ACAQuestions@hrsa.gov](mailto:RWP-ACAQuestions@hrsa.gov)



# Affordable Care Act and Ryan White Resources



Healthcare.gov: <https://www.healthcare.gov/>

Assister Resources: <http://marketplace.cms.gov/>

HIV/AIDS Bureau Affordable Care Act and Ryan White Resources:  
<http://hab.hrsa.gov/affordablecareact/>

HRSA Affordable Care Act Site:  
<http://www.hrsa.gov/affordablecareact/>

Target Center Affordable Care Act Resources:  
<https://careacttarget.org/library/affordable-care-act-ryan-white-hiv-aids-program>